	CSB-1111

SENIOR & LONG TERM CARE DIVISION
COMMUNITY SERVICES BUREAU

COMMUNITY FIRST CHOICE Policy Manual	**Section: CFC/PAS Person Centered Planning**
	Subject: Personal Emergency Response System

DEFINITION:

The personal emergency response system (PERS) is an electronic, telephonic or mechanical system used to summon assistance in an emergency situation. The system alerts medical professionals, support staff or other designated individuals to respond to a member's emergency request.

SERVICE REQUIREMENT:

Providers of PERS must be enrolled as a CFC Medicaid provider.

SERVICE LIMITATIONS

Reimbursement is not available for the purchase, installation or routine monthly charges of a telephone or cell phone under this service.

Reimbursement is not available for the purchase of a PERS unit or accessories.

PERS is only available as a service option for members receiving Community First Choice (CFC) services. PERS is not a service option for members receiving Personal Assistance Services (PAS).

SERVICE AUTHORIZATION

In order to qualify for PERS services, the member must have PERS authorized on the Mountain Pacific Quality Health (MPQH) service profile. In addition, the member's Plan Facilitator must complete the CFC PERs prior authorization process.

Big Sky and Serious Disabling Mental Illness (SDMI) Case Managers are responsible for completing prior authorization activities for PERS as Plan Facilitators for their CFC members and generate prior authorization number through Xerox.

CFC Provider Plan Facilitators will manage the prior authorization process for their members and submit the prior authorization documentation to MPQH to generate a prior authorization number.

PRIOR AUTHORIZATION PROCEDURES

BIG SKY AND SDMI CASE MANAGERS

Prior authorization for CFC PERS must be submitted to Xerox and a referral submitted to the PERS provider by the Case Manager Plan Facilitator. Refer to the Xerox prior authorization manual for instructions to create, change or deny prior authorizations. Refer to section 930 (b) of the CFC/PAS Policy manual for a sample referral form. Questions about prior authorization should be directed to Xerox Provider Relations at 1-800-624-3958.

A PERS referral should be submitted upon completion of the Member's CFC Person Centered Planning (PCP) form. If a member was previously receiving PERS through the HCBS program, the case manager must end-date the waiver prior authorization and creates a new prior authorization for CFC PERS including a new prior authorization number and updated date span. The case manager must submit a new referral to the PERS provider documenting the change from waiver to CFC.

Prior authorization for PERS must be renewed every 365 days. After completion of the CFC annual PCP form, the Case Manager Plan Facilitator must submit an updated prior authorization to Xerox and referral for PERS.

➢ Note: Re-authorization of PERS services must occur before the last day of the previous prior authorization date span. (Prior authorizations cannot be back dated). Failure to do so will result in Provider claims being denied and possible disruption of PERS services.

➢PERS reimbursement must be removed from the waiver cost sheet once the CFC PERS prior authorization is completed to avoid duplication of services.

➢CFC PERS must be reflected in the member's waiver service plan under the Other Services and Informal Support Systems section.

CFC PROVIDERS

The following steps are required for CFC Providers:

1. ➢Complete PCP form in its <u>entirety</u> and provide choice of

PERS providers.

2. Complete the PERS Prior Authorization Request and fax to MPQH. Refer to AB-CFC/PAS 930 and SD-CFC/PAS 930 for form instructions.

3. MPQH enters the prior authorization and returns the prior authorization number to the Plan Facilitator.

4. Plan Facilitator completes the CFC PERS Provider Referral Form in its entirety which they mail or Fax to the PERS provider chosen by the member. Refer to AB-CFC/PAS 930 and SD-CFC/PAS 930 for form instructions.

5. The PERS provider bills the service through Xerox using the prior authorization number provided on the CFC PERS Provider Referral Form.

6. A new prior authorization must be completed anytime the member chooses to change PERS providers.

   Prior authorization must be renewed every 365 days.

   Note: Re-authorization of PERS services must occur before the last day of the previous prior authorization date span. (Prior authorizations cannot be back dated). Failure to do so will result in Provider claims being denied and possible disruption of PERS services.

7. MPQH will return the renewed prior authorization to the Plan Facilitator who will notify the chosen PERS provider. The CFC PERS provider will bill Medicaid for the appropriate reimbursement.

8. CFC provider agencies must notify MPQH via the CFC/PAS Discharge form (SLTC-240) if the member is discharged from CFC so the prior authorization to Xerox can be end dated.

Transition of PERS between Plan Facilitators

It is the responsibility of the previous and current Plan Facilitators to communicate the current date spans for CFC PERS services.

No transition is needed for existing CFC PERS services until the end of the existing authorized date span.

The current Plan Facilitator is responsible for tracking the date span of the existing CFC PERS prior authorization and ensuring that there is no lapse in service for the member by re-authorizing the PERS in a timely fashion.

PROCEDURE CODES AND BILLING

Current **maximum** allowable PERS rates are listed in the fee schedules on the Montana Medicaid Provider Information web site: http://medicaidprovider.mt.gov.

> Note: CFC PERS rates should be no more than the "market rates" charged to non-Medicaid individuals obtaining PERS services.

Agency Base PERS services do not require the use of a modifier. Self-Direct services will utilize a U9 modifier.